



Alcimedès 18/8

The highly emotive subject of “Do not resuscitate” has once again been brought to the fore with a case involving a terminally ill patient, the Department of Health and Addenbrooke’s Hospital. Mrs. Janet Tracey died earlier this year at the age of 63 from lung cancer, sixteen days after being admitted to Addenbrooke’s Hospital in Cambridge, with a serious neck injury.¹

Her doctors had initially written “Not for resuscitation” in her medical notes, but crossed this out when she objected. The doctors then allegedly re-wrote this entry two days later, apparently without her consent or the involvement of her family. Her husband has now taken legal advice and is seeking clarification from the High Court, citing the ever-flexible Human Rights Act 1998, with breaches of Article 2 (*Right to life*) and Article 3 (*No one shall be subjected to torture or to inhuman or degrading treatment or punishment*).² He has also argued that the Department of Health should have a more rigid and standardised policy on DNACPR (“Do Not Attempt CPR”) rather than leaving it to the discretion of the individual clinicians concerned to ultimately make the decision. Current guidelines on the complexities of DNACPR were published in October 2007 on behalf of the BMA, Resuscitation Council UK and the RCN. The rules vary throughout the UK, with procedure in England allowing for decisions at local level, whereas in Scotland, there is a nationwide policy.³

The clinical staff and managers at Addenbrooke’s reject Mr Tracey’s account of events.

The Department of Health has entered into a consultation period looking at strategies for preventing suicide in England.⁴ The Department is working with several professional groups, including the Royal College of Psychiatrists and the Royal College of Nursing, at finding ways to help reduce the annual suicide rate (*4400 cases occurred in England in 2009 or, approximately, one case every 2 h*) as well as provide better support for those families and friends who are left devastated by suicide. Currently, the Department of Health offers a booklet (“Help is at hand”) to assist friends and families come to terms with their bereavement. The consultation period is due to end on 11th October 2011. The project has received widespread backing and has been welcomed by the Samaritans.

Suicide is legal in England and Wales since the introduction of the Suicide Act 1961. However, assisting suicide remains a criminal offence. Alcimedès notes that, prior to this law, convicting someone of suicide had always been difficult.

Interestingly, the Government’s proposals tie in with a recent article in the *Lancet* which suggested a close correlation between the financial hardships over the past few years with suicide rates.⁵ Using statistics from 2007 to 2009 from the *WHO European Health for All* database and also adult unemployment trends from

EUROSTAT, the multicentre study demonstrated *inter alia* a 17% rise in suicide rates in Greece and a 13% rise in Ireland. Such findings correspond to previous studies that have implicated financial difficulties and unemployment with suicide.

A recent study in the *International Journal of Legal Medicine* has addressed the issue of measuring force required to break glass against the human skin.⁶ Using a silicon skin substitute, the researchers from the University of Leicester were able to quantify the amount of force required to cause varying degrees of penetration to the human skin. The team has argued that this will potentially have major implications for assault cases. Alcimedès is reassured that you can now tell your attacker how much force to use when viciously attacking you with a bottle.

Throughout human history, the death-rate over a lifetime for human beings has consistently been one per person. The inevitability of death means that there is always a requirement for the effective disposal of bodies, with the two commonest methods worldwide being burial and cremation. The relative percentage of each is largely dependent on various social factors including custom, religion and expense, with approximately 70% of deaths in Great Britain now resulting in a cremation.⁷

Interestingly, a new technique has now been added to the armoury of human disposal, with the installation of a liquefaction machine in a Florida funeral parlour. The machine, which looks like a compression chamber and is made by a company in Glasgow, effectively dissolves the body in alkali, which the manufacturers claim is more “green” in terms of mercury emission (from dental amalgam) than cremation. In addition, it produces a third of the greenhouse gases and uses approximately one seventh of the energy compared with the standard cremation process.⁸

The technique of alkaline hydrolysis involves placing the body in the chamber for up to 3 h, with the body submerged in a heated, pressurised solution of potassium hydroxide. This procedure has previously been used for the disposal of animals and a similar technique was used in Australia for the disposal of nineteen human bodies last year.

We haven’t yet reached the stage of reprocessing humans as depicted in the film *Soylent Green*, where the overpopulated world in the year 2022 resulted in human bodies being recycled into food for human consumption. However, this ultra-convenient means of human disposal is arguably a step closer.

The BMA has suggested that doctors should not be asked to judge the “future dangerousness” of individuals applying for firearm certificates. Indeed, they advise against being countersignatories or

referees to applications unless they have an intimate knowledge of the patient's mental state "to justify a judgement that the individual could safely possess and control such firearms or shotguns," which is likely to be rare. The BMA Ethics Committee has also advised doctors of the possible breaches in confidentiality that could result from divulging medical facts to the police in such situations.⁹

A private UK security firm was left looking red-faced when it emerged that two of their security officers had security-tagged the artificial leg on a one-legged criminal. The 29 year old convict from Manchester had deliberately bandaged his artificial limb to fool the officers, which meant that he was able to break his curfew by removing his sizeable appendage and then hopping outside on his good leg. The Ministry of Justice appeared less than impressed with G4S saying that "procedures were not followed," with G4S admitting liability for the mistake and sacking the two officers concerned.¹⁰

G4S was unable to defend the situation as they didn't have a leg to stand on. Alcimedès also understands that the rumour about the prosthetic limb having a higher IQ than the security officers is just like the leg: entirely false.

References

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